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PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) DARDEN RESTAURANTS, INC. EMPLOYEES GOOD GOVERNMENT FUND 1000 Darden Center Drive ADDRESS (number and street) (Check if address is changed) **ORLANDO** FL 32837 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shulett@darden.com (Check if address is changed) Optional Second E-Mail Address pacservices@ddcpublicaffairs.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00108282 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Susan Connelly Type or Print Name of Treasurer Susan Connelly [Electronically Filed] 12 19 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

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